STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155759	A. BUILDING _____ B. WING _____	C 03/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS HEALTH CAMPUS	601 WEST COUNTY ROAD 200 SOUTH NEW CASTLE, IN 47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the investigation of complaint number IN00087553 and IN00087020.

Complaint number IN00087553 unsubstantiated, due to lack of evidence.

Complaint number IN00087020 unsubstantiated, due to lack of evidence.

Survey dates: March 21, 22 and 23, 2011

Facility number: 011187
Provider number: 155759
Aim number: 20083815

Survey team:
Sharon Lasher, RN/TC
Leslie Parrett, RN

Census bed type:
SNF/NF: 49
Residential: 28
Total: 77

Census type:
Medicare: 16
Medicaid: 16
Other: 45
Total: 77

Sample: 4

Glen Oaks Health Campus was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the investigation of complaint number IN00087553 and number IN00087020.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155759	A. BUILDING _____ B. WING _____	C 03/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS HEALTH CAMPUS	**601 WEST COUNTY ROAD 200 SOUTH NEW CASTLE, IN 47362**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 Quality review completed 3-24-11 Cathy Emswiller RN	F 000		